

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

U T — 0 0 - 015

2. STATE:

UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.70

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-

b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3:1-A {Attachment #7a} Pages 1;2
ATTACHMENT 3:1-B {Attachment #7a} Pages 1;29. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

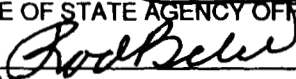
Home Health Services

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Rod L. Betit

14. TITLE:

Executive Director
Department of Health

15. DATE SUBMITTED:

December 11, 2000

16. RETURN TO:

Rod L. Betit, Executive Director
Department of Health
Box 143102
Salt Lake City Utah 84114-3102**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

January 8, 2001

18. DATE APPROVED:

3/06/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/2000

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

Acting Associate Regional Administrator

21. TYPED NAME:

David R. Selleck

23. REMARKS:

POSTMARK: January 5, 2001

42 CFR
440.70

HOME HEALTH SERVICES

Home Health Services are part-time intermittent health care services, based on medical necessity, provided to eligible persons in their place of residence when the home is the most appropriate setting consistent with the client's medical needs. Home health services are provided by a public or private state licensed, - Medicare certified, home health agency. Home Health Service is based on physician order and plan of care.

Two levels of Home Health Service are covered and identified by specific code.

- I. Skilled Home Care includes nursing service as defined in the State Nurse Practice Act; home health aide service; and medical supplies, equipment and appliances suitable for use in the home.

Physical therapy, [REDACTED] or speech pathology services are optional home health service under the skilled level of care. When such therapy services are approved as covered home health service, the service must be provided by qualified, licensed therapists through employment or contractual arrangement made by the Home Health Agency.

- II. Supportive, Maintenance Home Health Care

Recipients served in their place of residence through a long term maintenance program are those who have a medical condition which has stabilized, but who demonstrate continuing health problems requiring minimal assistance, observation, teaching, or follow-up. This assistance can be provided by a certified home health agency through the knowledge and skill of a licensed practical nurse (LPN) or a home health aide under specific written instructions and periodic supervision by a registered nurse. Supportive maintenance home health care is based on physician order and plan of care and provided in the home when the home is the most appropriate setting consistent with the client's medical needs.

T.N. No. 00-015
Supersedes
T.N. No. 89-23

Approval Date 03/06/01

Effective Date 10/01/00

42 CFR HOME HEALTH SERVICES (cont.)
440.70

LIMITATIONS

The following limitations are excluded from coverage: -

1. Home Health Service which is not ordered and directed by a physician, written in an approved plan of care, and reviewed and recertified by a physician every two calendar months, a time limitation not to exceed 60 days.
2. Home Health Service which is not provided or supervised by a registered nurse employed by a home health agency and provided by the appropriate professional in the patient's place of residence.
3. Home Health Service provided to a patient capable of self-care.
4. Housekeeping or homemaking services.
5. Occupational Therapy
6. Physical Therapy and/or speech pathology services not included in the plan of care and/or not provided by a qualified, licensed therapist.
7. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

T.N. No. 00-015
Supersedes
T.N. No. 98-003

Approval Date 03/06/01

Effective Date 10/01/00

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